



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, and the policies, process and politics that shape them.

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### **States and COVID-19 Vaccine Distribution | Jan. 18, 2021 | OAS Episode 119**

Ed: Hello and welcome to “Our American States,” a podcast from the National Conference of State Legislatures. This podcast is all about legislatures: the people in them, the policies, process and politics that shape them. I’m your host, Ed Smith.

*“States have been through a lot, the public has been through a lot with this pandemic, and the development of the vaccine is a really incredible moment. It’s happened quickly, it’s with a lot of federal investments, but we really need to have these vaccines into the arms of millions in order to really turn the tide on the pandemic.”*

That was Hemi Tewarson, an expert in state plans to distribute the COVID-19 vaccines. She’s a guest today on the podcast. Hemi is a visiting senior policy fellow at the Margolis Center for Health Policy at Duke University. As a health policy expert, she has studied the state vaccine plans and discusses how they’re working, changes in federal guidance, and when everyone will have access to the vaccine.

Our other guest is Tahra Johnson, a policy expert at NCSL. Tahra discusses state legislative action related to state vaccine plans and how legislators can get involved in the planning process.

Let’s start with Hemi. Welcome to the podcast.

Hemi: Thank you, happy to be here.

*Time Marker (TM): 0:31*

Ed: Hemi, thank you for taking the time to be on the podcast. I want to start out by telling our listeners we’re recording this on January 13<sup>th</sup>. In just the last day there have been some changes in plans for vaccine distribution and more may be ahead.

Now, you’ve been following the COVID-19 vaccine development closely. What sort of trends are you seeing in state COVID-19 vaccine distribution and allocation plans?

Hemi: I'm a senior policy fellow here at Duke Margolis and we have been spending a lot of time looking at state distribution plans. Their plans were sent to the CDC back in October; now remember, that was before they had federal funding, before they even had an authorization from the Food and Drug Administration, so there were a lot of unanswered questions when they submitted those plans.

We took a look at all those plans in partnership with the National Governors Association and what we found was the CDC had issued a playbook. So, states had a guide to follow when they put together their plans for vaccine distribution. All the plans address common areas that include how to prioritize critical populations, how to really think about the challenges with operational distribution, actually physically getting the vaccines out to the sites and into the arms of people.

How to think about the capacity and workforce to actually administer the vaccines, what data systems were going to be needed to make sure to get people scheduled, to keep track of who got the vaccine, and then to monitor what happens afterwards, and then really thinking about communications with the public, engaging partners, and then addressing equity, ensuring that people who need the vaccine will get the vaccine. As we know, COVID has hit different populations in different ways.

One thing I did want to note too is prior to our examination of vaccination plans and prior to my time at Duke Margolis, I was at the National Governors Association. We were working closely with governors and our staff on all things COVID. States have been through a lot, the public has been through a lot with this pandemic, and the development of the vaccine is a really incredible moment. It's happened quickly, it's with a lot of federal investment, but we really need to have these vaccines into the arms of millions in order to turn the tide on the pandemic.

But getting there is really a challenge. So, I think we're going to talk more about that, so I'll turn it back to you.

*TM: 03:58*

Ed: Talk a little bit about the most recent guidance from the Advisory Committee on Immunization Practices on prioritizing certain groups of people, and maybe give people just a brief explanation of what that committee is.

Hemi: The Advisory Committee on Immunization Practices, or ASIP, takes a look at what has been authorized by or approved by the Food and Drug Administration to determine what evidence on safety and effectiveness, how should we think about recommending to the CDC which populations should receive vaccines.

And so, what ASIP did was they took a look at the two drugs that were approved, the Pfizer vaccine and the Moderna vaccine that were authorized by the FDA, and they looked at the evidence carefully and said you know what, this is who we think should receive this vaccine. We're going to make a set of recommendations with the CDC Director approval.

And the first group that they talked about, so those who should get it first, the top priority of Phase 1A were healthcare workers across the country. They estimated those to be around 21 million people, along with facility and staff of long-term care facilities, so people in skilled nursing facilities and nursing homes across the country, and that's about three million people.

They then said, okay, after we have that initial push with those frontline healthcare workers and those people, the elderly in the nursing homes where there is a really high mortality rate from COVID-19, who should we do next? And their Phase 1B is for adults over 75; there are about 19 million people, along with frontline essential workers who are first responders, educators, so teachers, staff and daycare, food and agriculture, manufacturing, correction workers, USPS workers, public transit workers, and grocery store workers.

And then they said, okay, after those groups our Phase 1C will be defined as other essential workers, so those who have jobs that put them at risk of transmission of COVID, but who are not in healthcare, and those are other essential workers that were not included in the list I just said, and that was around 20 million people. And they also included adults 65 to 74 years, which was around 28 million people, and individuals who are between the ages of 16 and 64 with high-risk conditions, around 81 million people.

So, those were the groups, and then there was going to be a Phase 2 for which ACIP has not made formal recommendations. And I just wanted to make a note to say that these are just recommendations. States do not have to follow these recommendations, although many have used them as guiding principles in their own populations. States can also decide how quickly they move from each phase. They can decide okay, we haven't gone to all the healthcare workers and the people in long-term facilities, but we can move to the next phase.

So, I think you're seeing some variation. Pretty much when this was first recommended, you saw everyone, all the states vaccinate healthcare workers and long-term care facilities, but now they've moved to different phases at different paces.

One thing I did want to note is just yesterday, the Trump Administration announced a number of changes to speed up the delivery of vaccines, and that included recommending expanding eligibility to all Americans who are over 70 years old as well as those over 65 and those with chronic conditions that place them at risk of COVID-19. That has actually also created some flurry at the state level of, okay, do we continue with the phase that we'd already built on, the ACIP recommendations and decisions we made in our state, or do we kind of think about broadening these categories more quickly to get the vaccine into the arms of more Americans more quickly?

*TM: 05:55*

Ed: Very good point; things are changing quickly. Talk a little bit about how states are making those decisions. How are they deciding those phases and who is at the table in that decision-making process?

Hemi: It really has been a lot of executive branch work, governors and their staff, public health officials, really trying to think through, okay, we have these federal recommendations, we really want to follow the science and what we think is best. But they're getting weekly allotments of a

certain number of vaccines. So, in some states, the supply is not going to meet the demand once you get to these broader categories.

And trying to figure out how quickly to move to the next phase and how to get uptake for vaccines to move along faster than what we're experiencing right now, I think there are a lot of considerations. One is, okay, are you getting the vaccine to the people who are most vulnerable as recommended by the federal government? So, there's that piece.

I think there is also a piece where there is recognition that there is some vaccine hesitancy, so people who are eligible for the vaccine may not be getting it. I think we've seen that in some healthcare facilities, for example, where they're at 30 or 40% or 50% of their population. And so, I think states are saying well, we don't necessarily want to wait to have everybody vaccinated because we want to use up the allotment that we have and get to as many people as we can, so they're moving to the next phase more quickly. So, that's a consideration.

I think some states are really weighing who in their state has the highest levels of mortality rates, which are the older adults. You see states like Texas and Florida that have already gone to everyone over 65 can get the vaccine, and just understanding that they don't yet have enough vaccine for everybody, but they're going to get to them as soon as they can.

So, there are a lot of different considerations. It's an interesting push/pull. There are people who are hesitant to get it even though they could be eligible, and then there are people clamoring to get it, asking governments to make them a priority group, their group of essential workers, or they have sort of a preexisting condition that puts them more at risk and they would like to be at the front of the line. So, there is that piece too.

So, I think this will continue to be sorted out on a state-by-state basis and it will be interesting to see when we have the new administration in seat, how they are going to use that federal perspective to really put forward more guidance for states.

*TM: 10:19*

Ed: So, when you look at these state plans, are there key similarities, ones that show up in almost every plan, and are there some key differences, states that have really gone in a completely different direction?

Hemi: When you look at the plans, because the CDC had given them a playbook to follow in putting together the plans, there really are a lot of similarities with respect to the categories that they cover. What I said at the beginning of the podcast is they really talk about how to prioritize populations, how to think about distribution, how to address workforce, how to address their data systems, and how to communicate with the public.

So, those key elements do have a lot of similarities, but within them there are some differences. Some plans were 40 pages; some plans were 200 pages. And some plans, for example, decided to put equity at the center of their planning where other states had it more as one of the things they talked about.

Some states really focused on partnerships with tribal organizations and other states did not. Some states had some interesting ideas on workforce and really using nontraditional providers that they put on paper, and others did not.

I guess one thing I would say is the plans are one piece of information, but again, these were early on in October and since then, some states have gone and refined the plans and other states are just in the middle of implementation. So, they're changing things on the go because this is so fast moving.

With respect to how states are doing it, I do think that now you're starting to see some variation. Some states, for example, are really thinking about mass vaccination clinics. Originally a lot of states relied on their healthcare systems and the pharmacy chains. The federal government partnered with the pharmacy chains for the long-term care facilities and now the pharmacy roles have probably expanded. But states are now saying oh, we really need to get the vaccines into the arms of more people; we have to set up mass vaccination clinics. So, that's where their attention is.

Other states are still working with the structures that they had in place back in December and January and haven't moved to that yet. I think many states are using their National Guard in different ways, so that's been an interesting workforce supplement.

And states are doing different things with their data systems. Some states have been able to leverage their current immunization information systems pretty effectively. I mean, states like Tennessee, for example, have set up an eligibility finder, so the public can get online and figure out when they're eligible to get their vaccine and where they can get it. Other states just have materials available that are more about: here are the different categories and here is the timeline.

So, I think states have used digital tools differently and I do think, looking forward... I know we're going to get to this... looking forward, communication with the public is really top of the list for all of the states because there has been so much movement and change and this is so fast moving, it's hard for the public to keep track of everything that's happening.

*TM: 13:26*

Ed: What do you think is the single biggest challenge for states as they try to execute these plans?

Hemi: I can't say I have one, so I'm going to have a couple if that's okay. So, speed – speed right now is the huge issue. Because it's the pandemic, because people want to get back to the things that they want to get back to, we need to get more people vaccinated. And given the numbers, 300 million to get to herd immunity of 85%, that's a lot of people to get the vaccine, and remember, these are two-dose vaccines and Pfizer has complicated storage requirements, etc. So, it's an undertaking.

So, I really think balancing speed with the availability that states are going to have. On the one hand, you want to get everybody eager to get the vaccine, make them confident about getting the vaccine, get them to the place, giving them information about where to go, but you also at the same time have to balance well, we only are getting a certain allotment every week.

Everybody is not going to be able to get it at the same time, so we have to manage expectations, but also make sure people are informed.

I think that's a huge challenge. There is a lot of confusion about what all this means and frustration for the people that want it, and then concerns for the people that are worried about it. So, I think balancing that is going to be very difficult.

On the logistical side, we've certainly heard from a number of states that we've talked to that just the logistics of getting enough people to actually administer the vaccine and the process of entering that data into systems and having the systems then report out what they need to report, there have been lags. And that's because providers have to be trained to provide these vaccines. There also has to be training for some of these new data systems that states are using.

So, the combination has just created some bottlenecks, which I think have been challenging. And so, states are now thinking about: How do we be creative on workforce? Who can we bring in that can help us? And how do we be more efficient about our data systems?

But then there is the equity piece too. In the push to get the vaccines out to as many people as possible, there are going to be people that are missed. Populations like black communities and LatinX communities and Native Americans that have some distrust of government and who are populations that have been disproportionately impacted by COVID-19 who really should get these vaccines, and they're often in jobs that put them at risk, but they might be populations that are less likely unless there's a targeted communication campaign.

And there can be other challenges like rural areas as well depending on where these centers are located and access and all of that. So, as we get through this initial push of getting a whole trench of people through, we should keep our eye on the equity piece and make sure we reach these populations that are in need.

*TM: 16:14*

Ed: At this point, do you think it's possible to say when the vaccine will be publicly available to anyone in the country?

Hemi: I think that's hard to say. Now, there are a lot of goals. The Biden Administration has said 100 million in 100 days. That's a laudable goal. Dr. Fauci has made predictions about late spring/early summer. I think there are a lot of questions about when exactly it's going to be available to everybody.

My personal hope is that by this summer, we have a good majority of the population vaccinated, but that's going to be tied to a lot of different factors which include overcoming some of the vaccine hesitancy, the confusion and logistical challenges that we're seeing now, and also the supply – there is going to have to be enough supply to carry us through to get to the hundreds of millions that really need this vaccine.

*TM: 17:03*

Ed: So, speaking of that vaccine hesitancy, how do we know and how do we communicate to people that these vaccines are safe and effective?

Hemi: This is what's going to be critical – the Food and Drug Administration required Pfizer and Moderna, the two companies that have authorized vaccines to date, to go through clinical trials and they directly reviewed the data. It's really great news that the data turned out the way it did, that they found a 95% efficiency rate of preventing illness after two shots. For Pfizer it is shots that are three weeks apart; for Moderna it is four weeks apart.

They had a good number of people in trials who really didn't have significant safety concerns. There were some side effects like sore arms, fatigue, headache, muscle pain and chills, which resolved in a few days, and they really made sure they tried to include different types of people in those clinical trials, which I think was key: older adults, people with medical conditions and minority groups.

I think understandably there are some folks that are wait-and-see, let's let all these other million people get this vaccine before I do, and I want to make sure to know that nothing else bad happens to these folks that go first.

I think over the next month or two, we should have more data. People are going to be reporting their adverse events, there will be more understanding even at more of a layperson level of how we are doing. The companies are going to be setting it as well with their post-market surveillance and analysis of the data.

So, I think we have a lot of really solid, good evidence to know now that the vaccine is safe and effective. I think that evidence needs to continue to be communicated to the public. When you look at the polls of who does the public trust to carry that message, primary care physicians are really critical as being trusted messengers on this.

Pregnant women want to hear from their OB/GYN that it's okay to get this vaccine. People who have other comorbidities and go regularly to a doctor want to hear from their doctor that it's okay to get this vaccine.

So, I do think those are going to be really important, trusted messengers to make sure that people understand why this vaccine will be okay for them and be able to trust in it.

*TM: 19:24*

Ed: Well now, as you know, state lawmakers are a significant part of our audience. I wonder what your top message would be for them.

Hemi: Yeah, that's a great question and they are really important to this effort. So, continuing to encourage effective communication within their states, I really think that's the key piece, making sure that their constituents are getting the information they need at the level they need, so they feel like they know enough about the questions around safety and efficacy around the vaccines, where to get the vaccines, when they're eligible – those are so key.

I think that would be the first thing I would say. I think also recognizing that there have been some challenges for these first couple of weeks and continuing to identify where the new federal dollars that states have can be spent effectively, and really helping with those budgeting questions that the executive branch is going to have to do in targeting those investments to partnerships.

There are going to have to be a lot of different partnerships. State and local health departments can't do this all by themselves. And how to invest in community organizations and health systems and other organizations to help set up things like mass vaccination sites and other similar partnerships where you're really going to be able to get the vaccine out to lots of people.

And then the last thing I would just say is continuing to be a source of information for the public and thinking about when they consider all the other work that they have to do on state budgets, how this pandemic and specifically this vaccine effort is going to fit into all of that, because I think it is going to be such a challenge to get state economies back on track and get back to the programming that we all were doing before the pandemic, and making sure this vaccine piece is done effectively and well over the next six months is going to be a key piece to all of that.

*TM: 21:15*

Ed: Well, this has been a fascinating and, needless to say, timely discussion. I'm wondering if there's anything else you'd like to share with the listeners before we wrap up.

Hemi: I think this has been a wonderful discussion. The only thing I would say is this is fast evolving, so what we talk about today... you said this at the top of the hour... will continue to evolve and I know that we're going to have more federal guidance come out, there are going to be changes with the new administration. I think states are going to be learning more.

And so, I would encourage to continue learning between states. I came from the National Governors Association; I'm a big believer in states learning from one another, because I think as of right now, we don't know what a best practice is. I think by February we'll know what promising practices are. So, states being able to share that quickly and effectively. What worked in one state can be set up in another and learning from the mistakes of another state is going to be of critical importance.

So, I would encourage that cross-state learning as we move on in this pandemic.

Ed: Well, Hemi, thank you so much and stay safe.

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Ed: I am back with Tahra Johnson. Tahra, welcome back to the podcast.



Tahra: Thanks, Ed, I'm happy to be back.

*TM: 22:54*

Ed: Tahra, tell us how state legislators have been involved in the COVID-19 vaccine planning process.

Tahra: Ed, it's a great question and state policymakers have been involved in the COVID-19 vaccine planning for several months now in many states. Among the 50 state plans that were released, almost half of those plans mention different ways that state policymakers can work together to increase widespread distribution of the vaccine.

Connecticut is one of the handful of states that includes legislators, legislative caucus chairs specifically, on the governor's COVID-19 vaccine advisory group. And several state legislatures created and participate in a COVID-19 working group taskforce or committee, such as Maryland and North Carolina.

Various states, including Nevada and New Jersey, are relying on state legislators and lawmakers to remove disinformation attacks on the vaccine and to promote them to the general public. State lawmakers can and are working with their state health agencies to identify policies that may remove barriers and streamline access to the COVID-19 vaccine in their states.

*TM: 24:06*

Ed: So, if a legislator wants to get involved, how would they go about doing it?

Tahra: First, especially if you are new to the legislature, I would recommend reaching out to the health committee chair or your leadership to see if there is something already ongoing that you can help support. And then secondly, definitely reach out to your state or local health agency or local hospital system and ask what they need support with.

And then lastly, of course, I would recommend getting caught up on the most recent information on COVID-19 in your state, so you come to those discussions prepared.

*TM: 24:42*

Ed: Tahra, I know one of your responsibilities is to monitor state legislation in this area. It's very early in the 2021 sessions, but have legislatures introduced or even enacted legislation related to the vaccine at this point?

Tahra: Yes, Ed. I'll start with 2020 bills. About 14 bills were enacted in this prior legislative session and over 30 were introduced, all specifically related to the COVID-19 vaccine. We saw quite a lot of bills related to pharmacists' authority to administer vaccines, both around routine vaccines and the COVID-19 vaccine.

Just so folks on the line know, every state allows pharmacists to administer vaccines in some capacity, but the variation is the type of vaccine and the age groups with whom the pharmacists can work.

At least five states enacted legislation last year authorizing pharmacists to administer specific vaccines to certain populations, and at least five additional states enacted legislation permitting pharmacists specifically to administer the COVID-19 vaccine once it was approved by the FDA.

Additionally, some states appropriated funding around the vaccine. For example, Massachusetts reallocated some money to the Department of Health for distribution and allocation of the vaccine, and Virginia enacted a bill to convene a working group with the commonwealth's chief diversity equity and inclusion officer in order to evaluate methods to stop the spread of COVID-19 and ensure an even distribution of the vaccine.

As of the 2021 legislative session, we've seen several bills introduced or pre-filed for this session around the vaccine. For instance, Montana has introduced a resolution to create a legislative leadership COVID-19 response panel. And we've seen several bills around public awareness campaigns to reduce fraud or misinformation.

There are also several bills introduced around the powers of government entities to mandate or recommend the vaccine. And then lastly, there are pre-filed or introduced bills that may prohibit mandates for the vaccine, and some that may include mandates for certain populations such as those in long-term care facilities.

*TM: 27:01*

Ed: Well, I certainly read a bit about this and maybe you can help clarify this issue about mandates. What do we know about whether employers can mandate vaccines for the folks that work for them?

Tahra: Yes, that's a great question, Ed, and it's one that we've received from several members in the last several weeks. The answer is it really depends on the state law. So, some states allow healthcare facilities to mandate certain vaccines for employees to different extents. Within a state, requirements may differ by the type of vaccine. There are medical exemptions in all states, but there is variation among states related to religious or philosophical exemptions for those employees.

Again, while no state has mandated the COVID-19 vaccine, we have seen states introduce legislation to clarify their state law. Since the vaccines are new and several different ones are still going through Stage 3 trials, based on what I've heard from state legislators and experts so far, I would be surprised if we saw many states mandate the vaccine in this legislative session.

One thing I will note is that the FDA and CDC cannot mandate a vaccine. Laws around mandates or requirements for routine vaccines, such as measles or HPV, or newer vaccines such as the COVID-19 vaccine, are all made at the state level.

*TM: 28:24*

Ed: How about state legislators and the state legislative staff who are primarily our audience – will they receive the vaccine in one of the priority phases, or will they just be administered the vaccine based on age and that kind of thing?

Tahra: In some states, yes. In fact, some legislators have even begun to receive the vaccine, including Colorado Representative Kyle Mullica – he was the first state legislator to receive the vaccine because of his status as an emergency room nurse. Ohio State Representative Beth Liston, who is a hospital medicine physician treating patients with COVID, also received the vaccine last month.

Several state vaccination plans include legislators or legislative staff in a priority phase. Though few plans explicitly mention legislators and legislative staff, some may include legislators and legislative staff under a broader definition of government employees or key government leaders, and in some cases, under the broader umbrella of essential employees.

State plans are continuously adjusting based on the changes and what they're learning over the last couple of weeks, but there are plans that specifically, again, include legislators and legislative staff in a priority phase. For example, Arkansas includes executive and legislative branch employees in Phase 1B of their plan. Colorado includes essential officials from executive, legislative and judicial branches of the state government in their Phase 1B. And Iowa specifically notes stakeholders are working to determine a plan for vaccinating legislative staff necessary for the continuity of government and, again, prioritizing them under Phase 1B.

In Kentucky, earlier this month, 11 top legislative leaders received the vaccine in the capitol. This was with the goal to highlight the bipartisan support for safe vaccines. The governor encouraged other community leaders including those in elected office, business executives and faith leaders to take the vaccine when it's their turn.

*TM: 30:32*

Ed: Well, Tahra, thank you for filling us in on what's been going on in the states and I'm wondering if there's anything else you'd like to share with the audience before we wrap up.

Tahra: Sure. I have just a couple of final thoughts to share. First, I'll put in a plug that we are tracking all legislation related to COVID-19 at NCSL and our team is more than happy to provide tailored information to legislators and legislative staff on this issue.

And then my final thought on this topic today, which some of you may be hearing from your public health experts, is that while the vaccine rollout is very exciting, the recommendations still stand and will stand for a while that people continue to wear a mask, keep six feet of distance and wash hands regularly.

Ed: Great information to keep in mind. Thank you so much, Tahra, and you stay safe.

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Ed: And that concludes this edition of our podcast. We encourage you to review and rate our episodes on iTunes, Google Play or Spotify. You may also go to Google Play, iTunes or Spotify to have these episodes downloaded directly to your mobile device when a new episode is ready. For the National Conference of State Legislatures, this is Ed Smith. Thanks for listening and being part of "Our American States."